

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA COLUMBIA DIVISION		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Phillips, Jr., James Bennett	Name of Joint Debtor (Spouse) (Last, First, Middle): Phillips, Michelle Allen	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): fdba Mower Madness	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): aka Michelle Allen; fka Michelle Talbott; fka Michelle Allen Talbott; aka S. Michelle Allen Phillips; aka Stephanie Michelle Allen	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): xxx-xx-4213	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): xxx-xx-5896	
Street Address of Debtor (No. and Street, City, and State): 1868 E. Sandhurst Drive Florence, SC	Street Address of Joint Debtor (No. and Street, City, and State): 1868 E. Sandhurst Drive Florence, SC	
ZIP CODE 29505	ZIP CODE 29505	
County of Residence or of the Principal Place of Business: Florence	County of Residence or of the Principal Place of Business: Florence	
Mailing Address of Debtor (if different from street address): 1868 E. Sandhurst Drive Florence, SC	Mailing Address of Joint Debtor (if different from street address): 1868 E. Sandhurst Drive Florence, SC	
ZIP CODE 29505	ZIP CODE 29505	
Location of Principal Assets of Business Debtor (if different from street address above):		
ZIP CODE		
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." </div> <div style="width: 45%;"> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> </div> Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): James Bennett Phillips, Jr. Michelle Allen Phillips	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="display: flex; justify-content: space-between;"> <div> X <u>/s/ Michael J. Cox</u> Michael J. Cox </div> <div style="text-align: right;"> <u>01/29/2008</u> Date </div> </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **James Bennett Phillips, Jr.
Michelle Allen Phillips****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ James Bennett Phillips, Jr.
James Bennett Phillips, Jr.**X** /s/ Michelle Allen Phillips
Michelle Allen Phillips

Telephone Number (If not represented by attorney)

01/29/2008

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X** _____
(Signature of Foreign Representative)_____
(Printed Name of Foreign Representative)_____
Date**Signature of Attorney*****X** /s/ Michael J. Cox
Michael J. Cox Bar No. **0339****Michael J. Cox Atty at Law, LLC**
PO Box 475
Columbia, SC 29202Phone No. **(803) 254-6041** Fax No. **(803) 256-8121**01/29/2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual_____
Printed Name of Authorized Individual_____
Title of Authorized Individual_____
Date**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer_____
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)_____
Address**X** __________
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

IN RE: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No. _____
 (if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
 CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- ☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

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**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION**

IN RE: **James Bennett Phillips, Jr.
Michelle Allen Phillips**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: **/s/ James Bennett Phillips, Jr.**
James Bennett Phillips, Jr.

Date: **01/29/2008**

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

IN RE: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No. _____
 (if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
 CREDIT COUNSELING REQUIREMENT**

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Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- ☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

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**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION**

IN RE: **James Bennett Phillips, Jr.
Michelle Allen Phillips**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: **/s/ Michelle Allen Phillips**
Michelle Allen Phillips

Date: **01/29/2008**

Certificate Number: 02041-SC-CC-003261335

CERTIFICATE OF COUNSELING

I CERTIFY that on January 28, 2008, at 5:04 o'clock PM EST,

JAMES B. PHILLIPS JR. received from

Family Service Center of South Carolina,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

District of South Carolina, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: January 28, 2008

By /s/SIVITRA A LIGHTY

Name SIVITRA A LIGHTY

Title CREDIT COUNSELOR

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 02041-SC-CC-003261340

CERTIFICATE OF COUNSELING

I CERTIFY that on January 28, 2008, at 5:06 o'clock PM EST,

MICHELLE A. PHILLIPS received from

Family Service Center of South Carolina,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

District of South Carolina, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of

the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: January 28, 2008

By /s/SIVITRA A LIGHTY

Name SIVITRA A LIGHTY

Title CREDIT COUNSELOR

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

IN RE: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

CASE NO

CHAPTER 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<u>\$3,000.00</u>
Prior to the filing of this statement I have received:	<u>\$1,276.00</u>
Balance Due:	<u>\$1,724.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - [Other provisions as needed]

The filing fee in this case has been paid.

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

IN RE: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

CASE NO

CHAPTER 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors after the First Meeting of Creditors, including Trustee's Petition to Dismiss Motion, other than attendance at the Confirmation Hearing. The debtors have executed a detailed fee agreement with the attorney for the debtors and have received a copy of the same. The following additional charges are set forth in that document.

Mailing Costs to serve creditors

1-50 creditors	\$50.00
51-100 Creditors	\$100.00
+100 Creditors	\$150.00

Modification (changes to Plan after Confirmation) \$400.00

Moratorium (suspension in trustee payment) \$250.00

Motion to Sell Personal Property \$350.00

Motion to Sell Real Property (Standard) \$550.00

Motion to Sell Real Property Complex Hourly Rate Applies

Motion to Incur Debt personal property \$350.00

Motion to Incur real property \$550.00

Resolve Petition to Dismiss prior to hearing \$150.00

Defense of Trustee's Petition to Dismiss \$200.00

Defense of Creditors' Motion for Stay Relief

If Settled Prior to Hearing \$400.00 If Hearing required, Hourly Rate applies*

Motion to Reconsider \$400.00

Convert to Chapter 7 \$550.00

Filing Claim for creditor \$200.00

Objection to creditor claim \$300.00

Unanticipated legal services performed at the following rates:

Michael J. Cox \$305.00 per hour

Associate Attorney \$200.00 per hour

Paralegal \$ 85.00 per hour

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/29/2008

Date

/s/ Michael J. Cox

Michael J. Cox

Michael J. Cox Atty at Law, LLC

PO Box 475

Columbia, SC 29202

Phone: (803) 254-6041 / Fax: (803) 256-8121

Bar No. 0339

/s/ James Bennett Phillips, Jr.

James Bennett Phillips, Jr.

/s/ Michelle Allen Phillips

Michelle Allen Phillips

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

IN RE: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

NOTICE TO INDIVIDUAL CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days BEFORE the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under Chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

Document Page 13 of 75
UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

IN RE: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Compliance with § 342(b) of the Bankruptcy Code

I, Michael J. Cox, counsel for Debtor(s), hereby certify that I delivered to the Debtor(s) the Notice required by § 342(b) of the Bankruptcy Code.

/s/ Michael J. Cox

Michael J. Cox, Attorney for Debtor(s)
 Bar No.: 0339
 Michael J. Cox Atty at Law, LLC
 PO Box 475
 Columbia, SC 29202
 Phone: (803) 254-6041
 Fax: (803) 256-8121

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

James Bennett Phillips, Jr.

Michelle Allen Phillips

Printed Name(s) of Debtor(s)

Case No. (if known) _____

X /s/ James Bennett Phillips, Jr.

Signature of Debtor

01/29/2008

Date

X /s/ Michelle Allen Phillips

Signature of Joint Debtor (if any)

01/29/2008

Date

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION**

In re **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No.

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	3	\$183,500.00		
B - Personal Property	Yes	8	\$86,031.81		
C - Property Claimed as Exempt	Yes	3			
D - Creditors Holding Secured Claims	Yes	2			\$235,148.66
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3			\$1,724.00
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4			\$29,805.26
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	11			\$4,046.23
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$3,021.35
TOTAL		37	\$269,531.81	\$266,677.92	

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION**

In re **James Bennett Phillips, Jr.
Michelle Allen Phillips**

Case No.

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 16)	\$4,046.23
Average Expenses (from Schedule J, Line 18)	\$3,021.35
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$6,262.51

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$19,348.66
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$1,724.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$29,805.26
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$49,153.92

In re **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No. _____
(if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
Land and 1995 Palm Harbor MH 7344 Friendfield Road Effingham, SC 29541 1/2 Interest. jointly owned with Former spouse Florence County TMS 99000-32-273 (MH) 218-02-046 (land) Debtor's Opinion \$45,000 Tax ASsessment \$41,027.00	Fee Simple	W	\$45,000.00	\$50,000.00
Debtors' Residence 1868 E. Sandhusrt Drive Florence, SC 29505 Florence County Recently subdivided property. No tax assessment available	Fee Simple	H	\$138,500.00	\$124,650.00
Total:			\$183,500.00	

(Report also on Summary of Schedules)

TAX NOTICE FLORENCE COUNTY, SOUTH CAROLINA

REAL PROPERTY TAXES

Taxes for the Year Ending
 DEC 31, 2007
 Tax District
 200
 Tax Year
 2007
 Millage
 328.2

Tax Bill
 Date
 9/29/07

NOTICE NO. 07-000877

LAND IMPROVEMENTS
 Type Acres Lots Appraisal Number Appraisal Assessment
 Resi 1 34727 34727 1390

Mortgage Code/ID
**** NO CODE ****

Map Block Parcel 99000-32-273
 Property Description 1995 PALM HARBOR 28X6
 Prior Year Tax 284.17

40058 1 AV 0.312 *****AUTO**5-DIGIT 29541
 040058
 ALLEN MICHELLE
 7344 FRIENDFIELD RD
 EFFINGHAM SC 29541-5212
 40058
 143

TAX BEFORE CREDITS	456.20
EXEMPTION	.00
SCHOOL TAX CREDIT	117.04
STATE PROPERTY TAX RELIEF	117.87
PROPERTY TAX CREDIT - County	70.81
PROPERTY TAX CREDIT - City	.00
NET PROPERTY TAX	150.48
SOLID WASTE FEE	33.02
(\$25 LATE FEE IF PAID AFTER MARCH 16TH.)	

This Bill Was Prepared For You By The County AUDITOR's OFFICE

***BREAKDOWN OF COUNTY MILLAGE**

MILLS	DESCRIPTION	TAXES
21.8	County General Fund	\$10.19
31.5	County General Fund/Law Enforcement	\$14.81
5.8	County General Fund/Emergency Management	\$2.72
7.9	County General Fund/Library	\$3.71
.9	County General Fund/Senior Citizen Center	\$.42
9.0	County Bonds(Jail,Library,Capital Projects)	\$4.23



PAY THIS AMOUNT

(on or before Jan. 15th) **183.50**

Amount Due after Jan. 15th **188.01**

Amount Due after Feb. 1st **198.55**

If after Mar. 16th call Delinquent Tax Office for Amount Due

ON-LINE SERVICES AVAILABLE AT www.florenceco.org

WILL ONLY ACCEPT CASH, CASHIER'S CHECK OR MONEY ORDER FOR DELINQUENT PAYMENT.

Questions...

Tax Calculation Auditor (843) 665-3088
 Millage Questions Auditor (843) 665-3088
 Real Estate Value Assessor (843) 665-3056
 Address/Ownership Assessor (843) 665-3056
 Verify Tax Payment Treasurer (843) 665-3041

MILLS	TAXES	DISTRIBUTION OF YOUR TAX DOLLARS	PERCENT
169.0	\$.00	School Operating Taxes (District Two)	.00
51.4	\$71.45	School Bond Taxes (District Two)	47.48
.0	\$.00	City Taxes	.00
76.9	\$36.08	County Taxes *	23.99
4.9	\$6.81	Florence-Darlington TEC Taxes	4.52
26.0	\$36.14	Fire District Taxes (Hannah/Salem/Friendfield)	24.01
.0	\$.00	Watershed Taxes	.00
328.2	\$150.48		100.00

IF PAYING MORE THAN ONE TAX NOTICE, BOTTOM PORTIONS OF ALL NOTICES MUST BE RETURNED WITH PAYMENT.

Map Block Parcel 99000-32-273
 Property Description 1995 PALM HARBOR 28X60

NOTICE NO. 07-000877

ALLEN MICHELLE

9/29/07

PAY THIS AMOUNT

(on or before Jan. 15th) **183.50**

Amount Due after Jan. 15th **188.01**

Amount Due after Feb. 1st **198.55**

If after Mar. 16th call Delinquent Tax Office for Amount Due

YOU MAY MAIL YOUR PAYMENT IN THE ENCLOSED ENVELOPE. WHEN ASSESSING PENALTIES, WE WILL HONOR THE POSTMARK AS DATE OF RECEIPT.

MAKE PAYMENTS TO:
COUNTY TREASURER
DEAN FOWLER, JR.
P.O. BOX 100501
FLORENCE, SC 29501-0501



07-000877

ADDRESS

CHANGE

SIGNATURE

PHONE #

SEE REVERSE SIDE FOR INFORMATION AND TELEPHONE NUMBERS.

WILL ONLY ACCEPT CASH, CASHIER'S CHECK OR MONEY ORDER FOR DELINQUENT PAYMENT.

TAX NOTICE FLORENCE COUNTY, SOUTH CAROLINA
 Taxes for the Year Ending **DEC 31, 2007**
 Tax District **200**
 Tax Year **2007**
 Millage **328.2**
 REAL PROPERTY TAXES
 Tax Bill Date **9/29/07**
 NOTICE NO. **07-064858**

LAND IMPROVEMENTS
 Type Acres Lots Appraisal Number Appraisal
 Resi 1 6300
 Total Appraisal Assessment
 6300 250

Mortgage Code/ID
**** NO CODE ****

Map Block Parcel **218-02-046**
 Property Description **FRIENDFIELD RD**
 Prior Year Tax **51.00**
39133 1 AV 0.312 ***AUTO**5-DIGIT 29541**
039133
TALBOTT MICHELE & JOEY
7344 FRIENDFIELD RD
EFFINGHAM SC 29541-5212
39133
140

TAX BEFORE CREDITS	82.05
EXEMPTION	.00
SCHOOL TAX CREDIT	21.05
STATE PROPERTY TAX RELIEF	21.20
PROPERTY TAX CREDIT - County	12.85
PROPERTY TAX CREDIT - City	.00
NET PROPERTY TAX	26.95
SOLID WASTE FEE	.00
(\$25 LATE FEE IF PAID AFTER MARCH 16TH.)	

This Bill Was Prepared For You By The County AUDITOR's OFFICE

***BREAKDOWN OF COUNTY MILLAGE**

MILLS	DESCRIPTION	TAXES
21.8	County General Fund	\$1.39
31.5	County General Fund/Law Enforcement	\$2.84
5.8	County General Fund/Emergency Management	\$.52
7.9	County General Fund/Library	\$.72
.9	County General Fund/Senior Citizen Center	\$.09
9.0	County Bonds(Jail, Library, Capital Projects)	\$.81



07-064858
 ON-LINE SERVICES AVAILABLE AT www.florenceco.org

PAY THIS AMOUNT ➔

(on or before Jan. 15th) **26.95**
 Amount Due after Jan. 15th **27.76**
 Amount Due after Feb. 1st **29.65**
 If after Mar. 16th call Delinquent Tax Office for Amount Due

WILL ONLY ACCEPT CASH, CASHIER'S CHECK OR MONEY ORDER FOR DELINQUENT PAYMENT.

Questions...

Tax Calculation Auditor (843) 665-3088
 Millage Questions Auditor (843) 665-3088
 Real Estate Value Assessor (843) 665-3056
 Address/Ownership Assessor (843) 665-3056
 Verify Tax Payment Treasurer (843) 665-3041

MILLS	TAXES	DISTRIBUTION OF YOUR TAX DOLLARS	PERCENT
169.0	\$.00	School Operating Taxes (District Two)	.00
51.4	\$12.85	School Bond Taxes (District Two)	47.68
.0	\$.00	City Taxes	.00
76.9	\$6.37	County Taxes *	23.65
4.9	\$1.23	Florence-Darlington TEC Taxes	4.56
26.0	\$6.50	Fire District Taxes (Hannah/Salem/Friendfield)	24.11
.0	\$.00	Watershed Taxes	.00
328.2	\$26.95		100.00

IF PAYING MORE THAN ONE TAX NOTICE, BOTTOM PORTIONS OF ALL NOTICES MUST BE RETURNED WITH PAYMENT.

Map Block Parcel **218-02-046**
 Property Description **FRIENDFIELD RD**

NOTICE NO. **07-064858**
TALBOTT MICHELE & JOEY
9/29/07

PAY THIS AMOUNT (on or before Jan. 15th) **26.95**
 Amount Due after Jan. 15th **27.76**
 Amount Due after Feb. 1st **29.65**
 If after Mar. 16th call Delinquent Tax Office for Amount Due

YOU MAY MAIL YOUR PAYMENT IN THE ENCLOSED ENVELOPE. WHEN ASSESSING PENALTIES, WE WILL HONOR THE POSTMARK AS DATE OF RECEIPT.

MAKE PAYMENTS TO:
COUNTY TREASURER
DEAN FOWLER, JR.
P.O. BOX 100501
FLORENCE, SC 29501-0501



07-064858

ADDRESS _____
CHANGE _____
SIGNATURE _____
PHONE # _____

SEE REVERSE SIDE FOR INFORMATION AND TELEPHONE NUMBERS.
 WILL ONLY ACCEPT CASH, CASHIER'S CHECK OR MONEY ORDER FOR DELINQUENT PAYMENT.

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		Cash on hand	J	\$2.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Wachovia Checking Account 6622 Overdrawn at time of filing	J	\$0.00
		First Federal Checking Account 7387	J	\$249.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Santee Cooper Electric Cooperative	W	\$275.00
4. Household goods and furnishings, including audio, video and computer equipment.		Misc. Household Goods See Attached List	J	\$1,990.00
		Misc. HHG under lien to Citifinancial	H	\$100.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing Value \$300 or less each debtor	J	\$600.00
7. Furs and jewelry.		Jewelry consisting of Wedding Rings, engagement ring, watches and costume jewelry	J	\$600.00
8. Firearms and sports, photographic, and other hobby equipment.		Glock Mod. 23 \$250.00 Ruger P89 \$145.00 303 British Enfield \$50.00	H	\$445.00

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Lance 401K PSA 401K	H W	\$28,161.43 \$7,146.00
13. Stock and interests in incorpo- rated and unincorporated businesses. Itemize.		22 Shares of Lance, Inc Market Value as of 1-28-08 \$18.79 per share (LNCE)	H	\$413.38
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non- negotiable instruments.	X			
16. Accounts receivable.	X			

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		2006 Tax refund State \$1,282.00 Federal \$2,891.00 Received and spent prior to filing	H	\$0.00
		2007 Tax refund	H	Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			

Case No. _____
(if known)

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2006 Nissan Titan Vin 1N6AA07A96N519749 Mileage Approx 23,500 Under lien to First Citizens 2006 Hyundai Sonata Vin 5Npeu46F56H092554 Mileage Approx 35,000 UNder lien to Citifinancial Auto 2003 Yamaha XV1600AT	H H H	\$23,750.00 \$14,300.00 \$8,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 4*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<div style="text-align: right;"> Total > </div>				\$86,031.81

4 continuation sheets attached

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

Client: James Bennett Phillips, Jr. and Michelle Allen Phillips No.: 07 502FA

Household Goods

Please list all Household Items on these pages. Note if you have the item and what you think it is worth (ie: what you could get for it at a garage sale). The list goes by room and is intended to be a guide. The furniture listed is NOT exclusive. If you own items that are not listed, please put them under other. If the space provided is not sufficient, please attach additional sheets.

Living Room Couch <u>85</u> Loveseat _____ Side Tables <u>25</u> Coffee Table <u>30</u> Chairs <u>40</u> Lamps <u>7.50</u> Mirrors <u>15</u> TVs <u>75</u> DVD/VCR <u>25</u> Stereo <u>100</u> Computers <u>200</u> Other <u>fax printer/scanner 25.00 computer desk - 75</u> <u>coin collector \$10.00 pics/frames (all) 50</u>	Bedroom 3 Bed Frame (size) <u>dbl</u> <u>10</u> Springs & Mattress (size) <u>dbl</u> <u>20</u> Night Stands _____ Dressers <u>20</u> Chest of Drawers _____ Mirrors _____ Lamps <u>3</u> TVs _____ DVD/VCR _____ Stereo _____ Computers _____ Other <u>toy box hand made 10</u>
Dining Room Table <u>20</u> Chairs <u>40</u> China Hutch <u>buffet - 15</u> Sideboard _____ Lamps _____ Mirrors _____ Other <u>corner cabinet 10</u> <u>bench 5</u>	Rec Room(s) Tables _____ Chairs _____ Mirrors _____ Lamps _____ TVs _____ DVD/VCR _____ Stereo _____ Computers _____ Other _____
Bedroom 1 Bed Frame (size) <u>king</u> <u>25</u> Springs & Mattress (size) <u>king</u> <u>25</u> Night Stands <u>30</u> Dressers <u>45</u> Chest of Drawers <u>75</u> Mirrors _____ Lamps <u>10</u> TVs <u>25</u> DVD/VCR _____ Stereo _____ Computers _____ Other <u>wardrobe 50</u>	Den/Family Room Tables <u>30</u> Chairs <u>5</u> Mirrors _____ Lamps <u>9.50</u> TVs <u>75</u> DVD/VCR <u>broken - 5</u> Stereo _____ Computers _____ Other <u>couch - 20</u> <u>desk 100</u>
Bedroom 2 Bed Frame (size) <u>queen</u> <u>15</u> Springs & Mattress (size) <u>queen</u> <u>35</u> Night Stands _____ Dressers _____ Chest of Drawers <u>15</u> Mirrors _____ Lamps _____ TVs _____ DVD/VCR _____ Stereo _____ Computers _____ Other <u>toy box hand made 10</u>	Kitchen Refrigerator <u>35</u> Stove <u>25</u> Microwave <u>20</u> Freezer <u>50</u> Small Appliances _____ <u>toaster 15</u> <u>coffee maker - 12</u> <u>crock pot 10</u> <u>blender 15</u> <u>dishes (all) 100</u> <u>grill - 100</u>

Please Initial: Debtor [Signature] Joint Debtor/Spouse [Signature]

Vehicle Summary With NADA Values
N.A.D.A Official Used Car Guide
Thursday, November 01, 2007

Guide Edition: Southeastern Used Car Guide - October 2007

Vehicle Description: 2006 HYUNDAI
Sonata-V6 Sedan 4D GLS

VIN:
Stock #:

Weight: 3458
MSRP: \$20,895

N.A.D.A. Base Values:	Retail:	\$14,400	Trade:	\$12,250	Loan:	\$11,025
Mileage Value (31949 Miles)		\$-100				
Accessories Values		\$0		\$0		\$0

N.A.D.A Adjusted Values:	Retail:	\$14,300	Trade:	\$12,150	Loan:	\$10,925
Appraiser Adjustment Value		\$0				

Adjusted Values:	Retail:	\$14,300	Trade:	\$12,150	Loan:	\$10,925
-------------------------	----------------	-----------------	---------------	-----------------	--------------	-----------------

Accessories:

	Retail	Trade	Loan
Aluminum/Alloy Wheels	w/body	w/body	w/body
Cruise Control	w/body	w/body	w/body
Power Door Locks	w/body	w/body	w/body
Power Windows	w/body	w/body	w/body

Appraiser Adjustments:

Vehicle Summary With NADA Values
N.A.D.A Official Used Car Guide
Wednesday, August 15, 2007

Guide Edition: Southeastern Used Car Guide - August 2007

Vehicle Description: 2006 NISSAN
Titan Crew Cab-V8 Pickup Crew Cab LE 2WD

VIN: **Weight:** 5262
Stock #: **MSRP:** \$32,700

N.A.D.A. Base Values:	Retail:	\$25,975	Trade:	\$22,650	Loan:	\$20,400
Mileage Value (N/A Miles)		N/A				
Accessories Values		\$0		\$0		\$0

N.A.D.A Adjusted Values:	Retail:	\$25,975	Trade:	\$22,650	Loan:	\$20,400
Appraiser Adjustment Value		\$0				

Adjusted Values:	Retail:	\$25,975	Trade:	\$22,650	Loan:	\$20,400
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Accessories:	Retail	Trade	Loan
Aluminum/Alloy Wheels	w/body	w/body	w/body
Power Seat	w/body	w/body	w/body
Rockford Fosgate Stereo	w/body	w/body	w/body

Appraiser Adjustments:

In re **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No. _____
 (If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
 (Check one box)

☐ Check if debtor claims a homestead exemption that exceeds
 \$136,875.

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash on hand	S.C. Code Ann. § 15-41-30(5): Cash & liquid assets of debtor not claiming homestead exemption	\$2.00	\$2.00
Wachovia Checking Account 6622 Overdrawn at time of filing	S.C. Code Ann. § 15-41-30(5): Cash & liquid assets of debtor not claiming homestead exemption	\$0.00	\$0.00
First Federal Checking Account 7387	S.C. Code Ann. § 15-41-30(5): Cash & liquid assets of debtor not claiming homestead exemption	\$249.00	\$249.00
Santee Cooper Electric Cooperative	S.C. Code Ann. § 15-41-30(5): Cash & liquid assets of debtor not claiming homestead exemption	\$275.00	\$275.00
Misc. Household Goods See Attached List	S.C. Code Ann. § 15-41-30(3): Personal household furnishings & goods, wearing apparel, appliances, books, animals, crops, or musical instruments of debtor or dependent	\$1,990.00	\$1,990.00
Misc. HHG under lien to Citifinancial	S.C. Code Ann. § 15-41-30(3): Personal household furnishings & goods, wearing apparel, appliances, books, animals, crops, or musical instruments of debtor or dependent	\$100.00	\$100.00
Clothing Value \$300 or less each debtor	S.C. Code Ann. § 15-41-30(3): Personal household furnishings &	\$600.00	\$600.00
		\$3,216.00	\$3,216.00

In re **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No. _____
 (If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Continuation Sheet No. 1

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
	goods, wearing apparel, appliances, books, animals, crops, or musical instruments of debtor or dependent		
Jewelry consisting of Wedding Rings, engagement ring, watches and costume jewelry	S.C. Code Ann. § 15-41-30(4): Personal, family, or household jewelry of debtor or dependent	\$600.00	\$600.00
Lance 401K	S.C. Code Ann. § 15-41-30(13): Debtor's interest in ERISA-qualified pension plan	\$28,161.43	\$28,161.43
PSA 401K	S.C. Code Ann. § 15-41-30(13): Debtor's interest in ERISA-qualified pension plan	\$7,146.00	\$7,146.00
22 Shares of Lance, Inc Market Value as of 1-28-08 \$18.79 per share (LNCE)	S.C. Code Ann. § 15-41-30(5): Cash & liquid assets of debtor not claiming homestead exemption	\$413.38	\$413.38
2007 Tax refund	S.C. Code Ann. § 15-41-30(5): Cash & liquid assets of debtor not claiming homestead exemption	\$1,335.62	Unknown
2006 Nissan Titan Vin 1N6AA07A96N519749 Mileage Approx 23,500 Under lien to First Citizens	S.C. Code Ann. § 15-41-30(2): One motor vehicle	\$0.00	\$23,750.00
2006 Hyundai Sonata Vin 5Npeu46F56H092554 Mileage Approx 35,000 Under lien to Citifinancial Auto	S.C. Code Ann. § 15-41-30(2): One motor vehicle	\$1,200.00	\$14,300.00
		\$42,072.43	\$77,586.81

Document Page 29 of 75
UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

IN RE: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

CASE NO

CHAPTER **13**

TOTALS BY EXEMPTION LAW

Exemption Law	Husband	Wife	Joint	Community	N/A	Exemption Total	Market Value Total
S.C. Code Ann. § 15-41-30(13)	\$28,161.43	\$7,146.00	\$0.00	\$0.00	\$0.00	\$35,307.43	\$35,307.43
S.C. Code Ann. § 15-41-30(2)	\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,200.00	\$38,050.00
S.C. Code Ann. § 15-41-30(3)	\$100.00	\$0.00	\$2,590.00	\$0.00	\$0.00	\$2,690.00	\$2,690.00
S.C. Code Ann. § 15-41-30(4)	\$0.00	\$0.00	\$600.00	\$0.00	\$0.00	\$600.00	\$600.00
S.C. Code Ann. § 15-41-30(5)	\$1,749.00	\$275.00	\$251.00	\$0.00	\$0.00	\$2,275.00	\$939.38

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: xxxxxx4901 Citifinancial Auto Inquiries PO Box 9575 Coppell, TX 75019-9575	J	DATE INCURRED: NATURE OF LIEN: Purchase Money COLLATERAL: 2006 Hyundai REMARKS: VALUE: \$14,300.00				\$15,573.00	\$1,273.00
ACCT #: xxxxxxxx4630 Citifinancial Bankruptcy Dept PER PO Box 140489 Irving, TX 75014-0489	H	DATE INCURRED: NATURE OF LIEN: Non-Purchase Money COLLATERAL: Misc. HHG under leint o Citifinancial REMARKS: 522(f) voidable VALUE: \$100.00				\$5,721.00	\$5,621.00
ACCT #: xxxxxx8952 First Citizens PO Box 31068 Charlotte, NC 28231	J	DATE INCURRED: NATURE OF LIEN: Purchase Money COLLATERAL: 2006 Nissan Titan Vin 1N6AA07A96N519749 Milea REMARKS: VALUE: \$23,750.00				\$28,979.00	\$5,229.00
ACCT #: xxxxxx5510 Option One Mortgage PO Box 57054 Irvine, CA 92619	X J	DATE INCURRED: NATURE OF LIEN: First Mortgage COLLATERAL: Land and 1995 Palm Harbor MH REMARKS: Will surrender collateral VALUE: \$45,000.00				\$50,000.00	\$5,000.00
Subtotal (Total of this Page) >						\$100,273.00	\$17,123.00
Total (Use only on last page) >							

1 continuation sheets attached

(Report also on
Summary of
Schedules.)(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: xxxxxxxxxx4063 Retail Services PO box 15521 Wilmington, DE 19850-5521	J	DATE INCURRED: NATURE OF LIEN: Purchase Money COLLATERAL: 2003 Yamaha XV1600AT REMARKS: Will surrender collateral VALUE: \$8,000.00				\$10,225.66	\$2,225.66
ACCT #: xxxxxx4491 Suntrust Mortgage PO Box 26149 Richmond, VA 23260-6149	H	DATE INCURRED: NATURE OF LIEN: First Mortgage COLLATERAL: Debtor's Residence REMARKS: Will retain and keep current VALUE: \$138,500.00				\$124,650.00	
Subtotal (Total of this Page) > Total (Use only on last page) >						\$134,875.66 \$235,148.66	\$2,225.66 \$19,348.66

Sheet no. 1 of 1 continuation sheets attached
to Schedule of Creditors Holding Secured Claims(Report also on
Summary of
Schedules.)(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

In re **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No. _____
 (If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☒ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (12/07) - Cont.

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Domestic Support Obligations
------------------	------------------------------

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: xx-xx-xx-1834 Joseph Talbot 2314 Chadwick Dr. Florence, SC 29501	W	DATE INCURRED: CONSIDERATION: Child Support REMARKS: Phone Number 843-679-5413 All payments are current				\$0.00	\$0.00	\$0.00
Representing: Joseph Talbot		Florence County Family Court 180 N Irby St Florence, SC 29501				Notice Only	Notice Only	Notice Only
Representing: Joseph Talbot		SC Department of Social Services PO Box 1520 Columbia, SC 29202				Notice Only	Notice Only	Notice Only
Subtotals (Totals of this page) >						\$0.00	\$0.00	\$0.00
Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)								
Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)								

Sheet no. 1 of 2 continuation sheets
attached to Schedule of Creditors Holding Priority Claims

B6E (Official Form 6E) (12/07) - Cont.

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Administrative allowances
------------------	---------------------------

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: Michael J. Cox Atty at Law, LLC PO Box 475 Columbia, SC 29202	J	DATE INCURRED: 01/28/2008 CONSIDERATION: Attorney Fees REMARKS: To be paid through plan				\$1,724.00	\$1,724.00	\$0.00
Sheet no. <u>2</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims						\$1,724.00	\$1,724.00	\$0.00
Subtotals (Totals of this page) > Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						\$1,724.00		
Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							\$1,724.00	\$0.00

B6F (Official Form 6F) (12/07)

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxx0007 BB&T PO Box 1626 Wilson NC 27894-1626	H	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$7,301.00
ACCT #: xxxxxxxx2654 Capital One Correspondence PO Box 30285 Salt Lake City, UT 84130-0285	W	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,356.00
ACCT #: xxxx-xxxx-xxxx-1410 Capital One Correspondence PO Box 30285 Salt Lake City, UT 84130-0285	X W	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$13,929.00
Representing: Capital One Correspondence		Associated Recovery Systems PO Box 469046 Escondido, CA 92046				Notice Only
Representing: Capital One Correspondence		Northland Group, Inc. PO Box 390846 Edina, MN 55439				Notice Only
ACCT #: xxxxxxxx0377 Capital One Correspondence PO Box 30285 Salt Lake City, UT 84130-0285	W	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$674.00
Subtotal >						\$23,260.00
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

2 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxx1640 Circuit City PO Box 15291 Wilmington, DE 19886-5291	H	DATE INCURRED: CONSIDERATION: Purchase Money REMARKS:				\$2,393.00
ACCT #: Florence County Tax Collector 180 N Irby St MSC - TT Florence, SC 29501	J	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				Notice Only
ACCT #: xx5580 Florence Radiological Associates PO Box 100523 Florence SC 29501-0523	W	DATE INCURRED: CONSIDERATION: Medical Services REMARKS:				\$38.00
Representing: Florence Radiological Associates		Associated Recovery Systems PO Box 469046 Escondido, CA 92046				Notice Only
ACCT #: xxxxxxxx1051 Lowe's Consumer Credit Card PO Box 981064 El Paso, TX 79998-1064	H	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,220.00
Representing: Lowe's Consumer Credit Card		Lowes Bankruptcy PO Box 103104 Roswell, GA 30076				Notice Only
Sheet no. <u>1</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$3,651.00
						Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xx1684 McLeod OB GYN Associates 901 E. Cheves St., Ste 300 Florence, SC 29506	H	DATE INCURRED: CONSIDERATION: REMARKS:				\$10.00
ACCT #: xxx1925 McLeod Regional Medical Center PO Box 100567 Florence, SC 29501-0567	W	DATE INCURRED: CONSIDERATION: Medical Services REMARKS:				\$2,472.00
Representing: McLeod Regional Medical Center		Pee Dee Medical Collection Services PO Box 1597 Florence, SC 29501				Notice Only
ACCT #: x6145 Michael R. Miller, DMD 1519 Heritage Lane Florence, SC 29505	H	DATE INCURRED: CONSIDERATION: Medical Services REMARKS:				\$70.80
Representing: Michael R. Miller, DMD		SC Collection Agency LLC POB 5929 Florence SC 29502				Notice Only
ACCT #: xxx6405 Santee Electric Cooperative PO Box 548 Kingstree, SC 29556-0548	W	DATE INCURRED: CONSIDERATION: Services REMARKS:				\$341.46

Sheet no. 2 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$2,894.26**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #:		DATE INCURRED: CONSIDERATION: Required Notification REMARKS:				
Equifax Information Service Center Attn: Dispute Resolution Department PO Box 105873 Atlanta, GA 30328						
ACCT #:		DATE INCURRED: CONSIDERATION: Required Notification REMARKS:				
Experian Information Solutions Attn: Supervisor, Legal Department PO Box 1240 Allen, TX 75013						
ACCT #:		DATE INCURRED: CONSIDERATION: Required Notification REMARKS:				
Internal Revenue Service Centralized Insolvency Unit PO Box 21126 Philadelphia, PA 19114						
ACCT #:		DATE INCURRED: CONSIDERATION: Required Notification REMARKS:				
SC Dept. of Revenue PO Box 12265 Columbia, SC 29211						
ACCT #:		DATE INCURRED: CONSIDERATION: Required Notification REMARKS:				
SC Employment Security Commission PO Box 995 Columbia, SC 29202						
ACCT #:		DATE INCURRED: CONSIDERATION: Required Notification REMARKS:				
Transunion Attn: Dispute Resolution Department PO Box 2000 Chester, PA 19022						

Sheet no. 3 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$0.00**Total > **\$29,805.26**(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6G (Official Form 6G) (12/07)

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(if known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Joseph Talbot 2341 Chadwick Florence, SC 29501	Option One Mortgage PO Box 57054 Irvine, CA 92619
Joseph Talbot 2314 Chadwick Florence, SC 29501	Capital One Correspondence PO Box 30285 Salt Lake City, UT 84130-0285
Joseph Talbot 2314 Chadwick Florence, SC 29501	Associated Recovery Systems PO Box 469046 Escondido, CA 92046
Joseph Talbott 2314 Chadwick Florence, SC 29501	Northland Group, Inc. PO Box 390846 Edina, MN 55439

B6I (Official Form 6I) (12/07)

In re **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(if known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	Dependents of Debtor and Spouse	
Married	Relationship(s): Age(s):	Relationship(s): Age(s):
Employment:	Debtor	Spouse
Occupation	Market Specialist	Medical Coding and Billing
Name of Employer	Lance, Inc	Pathology Services Associates
How Long Employed	4.5 Years	4.5 Years
Address of Employer	100 Executive Center Dr., Ste 110 Columbia, SC 29210	PO Box 100559 Florence, SC 29501

INCOME: (Estimate of average or projected monthly income at time case filed)

	<u>DEBTOR</u>	<u>SPOUSE</u>
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$3,750.00	\$2,430.74
2. Estimate monthly overtime	\$0.00	\$0.00
3. SUBTOTAL	\$3,750.00	\$2,430.74
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes (includes social security tax if b. is zero)	\$615.64	\$406.92
b. Social Security Tax	\$225.16	\$147.36
c. Medicare	\$52.65	\$34.46
d. Insurance	\$125.19	\$134.34
e. Union dues	\$0.00	\$0.00
f. Retirement	\$0.00	\$0.00
g. Other (Specify) 401K / FSA	\$224.99	\$53.86
h. Other (Specify) 401K Loan / 401K	\$170.04	\$121.54
i. Other (Specify) Life / Life	\$1.43	\$7.26
j. Other (Specify) Dis / Dis	\$12.85	\$13.20
k. Other (Specify) / 401K Loan	\$0.00	\$87.62
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$1,427.95	\$1,006.56
6. TOTAL NET MONTHLY TAKE HOME PAY	\$2,322.05	\$1,424.18
7. Regular income from operation of business or profession or farm (Attach detailed stmt)	\$0.00	\$0.00
8. Income from real property	\$0.00	\$0.00
9. Interest and dividends	\$0.00	\$0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$0.00	\$0.00
11. Social security or government assistance (Specify):	\$0.00	\$0.00
12. Pension or retirement income	\$0.00	\$0.00
13. Other monthly income (Specify):		
a. Annual Tax Refund	\$300.00	\$0.00
b.	\$0.00	\$0.00
c.	\$0.00	\$0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$300.00	\$0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$2,622.05	\$1,424.18
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$4,046.23	

(Report also on Summary of Schedules and, if applicable,
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None.

LANCE
 8600 South Blvd.
 Charlotte, NC 28273

Advice No: 386163
 Date: 1/4/2008

11,047.35

One Thousand Forty Seven and 35/100

THE James B. Phillips Jr.
 ORDER 1868 E Sandhurst Dr
 Of Florence, SC 29505-2950

NON-NEGOTIABLE

NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

LANCE
 8600 South Blvd.
 Charlotte, NC 28273

James B. Phillips Jr.
 1868 E Sandhurst Dr
 Florence, SC 29505-2950

Emp No 038817 FIT S 1
 Location STHCAR SIT res S 1
 Group/Region SR052 SIT work S 1
 Loc/District 116
 Dept/Branch B000
 Cost Center 116000

Advice No 386163
 Advice Date 1/4/2008
 Period End 1/5/2008
 Paygroup LNSLBW
 Job L793
 Pay Rate 21.6346

COMPANY MESSAGE

EARNINGS				DEDUCTIONS				TAXES	
Pay Type	Hours	Current	YTD	Deduction	Current	YTD	Tax Code	Current	YTD
Group Term Life	80.00	0.66	0.66	401K Loan	78.48	78.48	Federal Income	198.81	198.81
Regular Pay		1,730.77	1,730.77	401K Savings	103.85	103.85	Employee Medical	24.30	24.30
Stock Match		2.50	2.50	AD&D	1.62	1.62	Social Security	103.92	103.92
				Cancer	5.34	5.34	SC State Income	85.33	85.33
				Dental	8.04	8.04			
				Group Term Life	0.66	0.66			
				LTD Suppl	4.33	4.33			
				Medical EPO	40.00	40.00			
				Stock Match	2.50	2.50			
				Stock Purchase	25.00	25.00			
				Vision	4.40	4.40			

EMPLOYEE ACCRUALS

NET PAY DISTRIBUTION

2805637389 C 1,047.35

	GROSS	TAXES	DEDS	NET PAY
CURRENT	1,733.93	412.36	274.22	1,047.35
YTD	1,733.93	412.36	274.22	1,047.35

Total Net Pay 1,047.35

James B. Phillips Jr.
 1868 E Sandhurst Dr
 Florence, SC 29505-2950

LANCE 8600 South Blvd.
 Charlotte, NC 28273

Advice No 389509
 Date 1/18/2008

PAY
 One Thousand Forty Four and 81/100 *****
 TO THE James B. Phillips Jr.
 ORDER 1868 E Sandhurst Dr
 OF Florence, SC 29505-2950

\$1,044.81

NON-NEGOTIABLE

NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

LANCE **Freemore**

STATEMENT OF EARNINGS - DETACH ALONG THIS PERFORATION AND RETAIN FOR YOUR RECORDS

8600 South Blvd.
 Charlotte, NC 28273

James B. Phillips Jr.
 1868 E Sandhurst Dr
 Florence, SC 29505-2950

Emp No 036817	FIT S 1	Advice No 389509
Location STHCAR	SIT res S 1	Advice Date 1/18/2008
Group/Region SR052	SIT work S 1	Period End 1/19/2008
Loc/District 116		Paygroup LNSLBW
Dept/Branch B000		Job L793
Cost Center 116000		Pay Rate 21.6346

COMPANY MESSAGE

EARNINGS				DEDUCTIONS			TAXES		
Pay Type	Hours	Current	YTD	Deduction	Current	YTD	Tax Code	Current	YTD
Group Term Life		0.86	1.32	401K Loan	78.48	156.96	Federal Income	197.76	396.57
Regular Pay	80.00	1,730.77	3,461.54	401K Savings	103.85	207.70	Employee Medical	24.24	48.54
Stock Match		2.50	5.00	AD&D	1.62	3.24	Social Security	103.66	207.58
				Cancer	5.34	10.68	SC State Income	85.04	170.37
				Dental	8.24	16.28			
				Group Term Life	0.86	1.32			
				LTD Suppl	4.33	8.66			
				Medical EPO	44.00	84.00			
				Stock Match	2.50	5.00			
				Stock Purchase	25.00	50.00			
				Vision	4.40	8.80			

EMPLOYEE ACCRUALS

2805637389
 James B. Phillips Jr.
 1868 E Sandhurst Dr
 Florence, SC 29505-2950

NET PAY DISTRIBUTION
 2805637389 C 1,044.81

	GROSS	TAXES	DEDS	NET PAY
CURRENT	1,733.93	410.70	278.42	1,044.81
YTD	3,467.86	823.06	552.64	2,092.16
Total Net Pay				1,044.81

Lance Master Company

Pay Period Range: 200710261 - 200712289

1,653.27	2017	
Direct Deposit:	1,003.37	Net: 1,003.37

1,360.33	
Direct Deposit:	818.63
	Net: 818.63

Detail Payroll Register

Page 3
 Jan 29, 2008 3:27 PM

Lance Master Company
 Select: Company is "NCSL - Lance, Inc." and Employee(s) is 036817
 Sort Order: Name (Last, First MI)(Asc), Period Control(Asc)
 Pay Period Range: 200710261 - 200712289

EMPLOYEE		EARNINGS				DEDUCTIONS		TAXES	
Name	Number	Code	Position	Hours	Payable	Current Amt	Shift Amt	Code	Amount
Phillips Jr., James B.	036817	Pay No: 1	PerControl 200712211	80.00	Pay Date 12/21/2007	1,733.93	Period End Date 12/22/2007	Job Code L793	Continued from Previous Page 415.36
			Check Amount:		1,048.68	Direct Deposit:	0.00	Net:	1,048.68
Phillips Jr., James B.	036817	Pay No: 2	PerControl 200712211		Pay Date 12/21/2007	248.54	Period End Date 12/22/2007	Job Code L793	
		TRAIN 1160100				248.54	Z		
								SCSIT	17.40
								USFTT	62.13
								USMADBE	3.60
								USOCCE	15.41
									98.54
Check Printed: 3344423		Check Amount:		150.00		Direct Deposit:		0.00	
								Net:	
								150.00	

JAN 29, 2008 3:42 PM

NO. 0279 7. 4

CO FILE DEPT CLOCK VCHL NO 056
 KL2 001392 024000 2931 0000450058 1

PATHOLOGY SERVICE ASSOCIATES LLC
REGULAR ACCOUNT
 PO BOX 100559 803-664-4300
 FLORENCE, SC 29501

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 0
 State: 0

Earnings Statement



Period Ending: 11/08/2007
 Pay Date: 11/15/2007

S. MICHELLE ALLEN PHILLIPS
7344 FRIENDFIELD RD
EFFINGHAM, SC 29541

Earnings	rate	hours	this period	year to date
Regular	13.0000	101.15	1,314.95	
Overtime	19.5000	2.52	49.14	
Incentive Hours	13.0000	2.00	26.00	
Gross Pay			\$1,390.09	23,795.85

Your federal taxable wages this period are
 \$1,226.49

Deductions	Statutory		
	Federal Income Tax	-151.86	2,452.78
	Social Security Tax	-80.36	1,349.49
	Medicare Tax	-18.80	315.61
	SC State Income Tax	-73.35	1,196.68
	Other		
	Checking 1	-849.71	
	Dental	-14.56*	
	Flex Life	-1.63	
	Ltd	-6.60	
	Medical	-52.61*	
	Medical Fsa	-26.93*	
	Supplemental Li	-2.00	
	401K	-69.50*	
	401K Loan 1	-43.81	
	Adjustment		
	Co Crd Baseline	+1.63	
	Net Pay	\$0.00	

Other Benefits and Information	this period	total to date
Total 401K	69.50	
401K Match	27.80	
Hire Date		03/25/2003

* Excluded from federal taxable wages

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PATHOLOGY SERVICE ASSOCIATES LLC
 REGULAR ACCOUNT
 PO BOX 100559 803-664-4300
 FLORENCE, SC 29501

Advice number: 00000450058
 Pay date: 11/15/2007

Deposited to the account of	account number	transit ABA	amount
S. MICHELLE ALLEN PHILLIPS	1010173126622	0532 0776	\$849.71

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO	FILE	DEPT	CLOCK	VCHL NO	056
KL2	001392	024000	2921	0000480060	1

PATHOLOGY SERVICE ASSOCIATES LLC
REGULAR ACCOUNT
PO BOX 100559 803-664-4300
FLORENCE, SC 29501

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 0
 State: 0

Earnings Statement



Period Ending: 11/23/2007
 Pay Date: 11/30/2007

S. MICHELLE ALLEN PHILLIPS
7344 FRIENDFIELD RD
EFFINGHAM, SC 29541

Earnings	rate	hours	this period	year to date
Regular	13.0000	70.03	910.39	
Overtime	19.5000	6.52	127.14	
Holiday	13.0000	16.00	208.00	
Gross Pay			\$1,245.53	25,041.38

Deductions	Statutory		
	Federal Income Tax	-131.26	2,584.04
	Social Security Tax	-71.38	1,420.87
	Medicare Tax	-16.69	332.30
	SC State Income Tax	-63.74	1,260.42

Other	
Checking 1	-753.67
Dental	-14.56*
Flex Life	-1.63
Ltd	-6.60
Medical	-52.61*
Medical Fsa	-26.93*
Supplemental Li	-2.00
401K	-62.28*
401K Loan 1	-43.81

Adjustment	
Co Crd Baseline	+1.63
Net Pay	\$0.00

Your federal taxable wages this period are
 \$1,089.15

Other Benefits and Information	this period	total to date
Total 401K	62.28	
401K Match	24.91	
Hire Date		03/25/2003

* Excluded from federal taxable wages

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PATHOLOGY SERVICE ASSOCIATES LLC
REGULAR ACCOUNT
PO BOX 100559 803-664-4300
FLORENCE, SC 29501

Advice number: **00000480060**
 Pay date: 11/30/2007

Deposited to the account of	account number	transit ABA	amount
S. MICHELLE ALLEN PHILLIPS	1010173126622	0532 0776	\$753.67

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK NUMBER 056
 KL2 001392 024000 2931 0030066670 1

PATHOLOGY SERVICE ASSOCIATES LLC
REGULAR ACCOUNT
PO BOX 100559 803-664-4300
FLORENCE, SC 29501

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 0
 State: 0

Earnings Statement



Period Ending: 12/08/2007
 Pay Date: 12/14/2007

S. MICHELLE ALLEN PHILLIPS
1868 E.SANDHURST DR.
FLORENCE,SC 29505

Earnings	rate	hours	this period	year to date
Regular	13.0000	79.07	1,027.91	
Overtime	19.5000	6.07	118.37	
Pto	13.0000	5.00	65.00	
Gross Pay			\$1,211.28	26,252.66

Deductions	Statutory		
	Federal Income Tax	-126.38	2,710.42
	Social Security Tax	-69.27	1,490.14
	Medicare Tax	-16.20	348.50
	SC State Income Tax	-61.46	1,321.88
	Other		
	Dental	-14.56*	
	Flex Life	-1.63	
	Ltd	-6.60	
	Medical	-52.61*	
	Medical Fsa	-26.93*	
	Supplemental Li	-2.00	
	401K	-60.56*	
	401K Loan 1	-43.81	
	Adjustment		
	Co Crd Baseline	+1.63	
	Net Pay		\$730.90

Other Benefits and Information	this period	total to date
Total 401K	60.56	
401K Match	24.22	
Hire Date		03/25/2003

Deposits	
Account No.	2805637389
Transit/ABA	2532 7194
Pending	

Important Notes
 YOUR BANK WAS NOTIFIED OF YOUR REQUEST FOR DIRECT DEPOSIT. IT WILL BEGIN AFTER ACCOUNT VERIFICATION.

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$1,056.62

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8-1149/433

PATHOLOGY SERVICE ASSOCIATES LLC
REGULAR ACCOUNT
PO BOX 100559 803-664-4300
FLORENCE, SC 29501

Payroll check number: 30066670
Pay date: 12/14/2007

Pay to the
 order of:
 This amount:

S. MICHELLE ALLEN PHILLIPS

SEVEN HUNDRED THIRTY AND 90/100 DOLLARS

\$730.90

VOID NON-NEGOTIABLE VOID NON-NEGOTIABLE

NEXTIER

THIS IS NOT A CHECK

CO. FILE DEPT. CLOCK VCHR. NO. 056
 KL2 001392 063000 2931 0000520073 1

PATHOLOGY SERVICE ASSOCIATES LLC
REGULAR ACCOUNT
 PO BOX 100559 803-664-4300
 FLORENCE, SC 29501

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 0
 State: 0

Earnings Statement



Period Ending: 12/23/2007
 Pay Date: 12/31/2007

S. MICHELLE ALLEN PHILLIPS
1868 E.SANDHURST DR.
FLORENCE,SC 29505

Earnings	rate	hours	this period	year to date
Regular	13.0000	69.17	899.21	
Overtime	19.5000	.58	11.31	
Pto	13.0000	12.00	156.00	221.00
Holiday				788.80
Ins Comp				39.00
Gross Pay			\$1,066.52	27,319.18

* Excluded from federal taxable wages
 Your federal taxable wages this period are \$919.09

Other Benefits and Information	this period	total to date
Total 401K	53.33	
401K Match	21.33	
Safe Harbor		500.20
Hire Date		03/25/2003

Deductions	Statutory		
	Federal Income Tax	-105.75	2,816.17
	Social Security Tax	-60.29	1,550.43
	Medicare Tax	-14.10	362.60
	SC State Income Tax	-51.83	1,373.71
	Other		
	Checking 1	-634.71	
	Dental	-14.56*	349.44
	Flex Life	-1.63	39.12
	Ltd	-6.60	6.60
	Medical	-52.61*	1,262.64
	Medical Fsa	-26.93*	
	Supplemental Li	-2.00	
	401K	-53.33*	540.00
	401K Loan 1	-43.81	175.24
	Co Crd Baseline		-39.12
	Adjustment		
	Co Crd Baseline	+1.63	
	Net Pay		\$0.00

PATHOLOGY SERVICE ASSOCIATES LLC
 REGULAR ACCOUNT
 PO BOX 100559 803-664-4300
 FLORENCE, SC 29501

Advice number: 00000520073
 Pay date: 12/31/2007

Deposited to the account of	account number	transit ABA	amount
S. MICHELLE ALLEN PHILLIPS	2805637389	2532 7194	\$634.71

THIS IS NOT A CHECK

NON-NEGOTIABLE

CD	FILE	DEPT	CLOCK	VCHR. NO.	056
KL2	001392	053000	2931	0000020074	1

PATHOLOGY SERVICE ASSOCIATES LLC
REGULAR ACCOUNT
PO BOX 100559 803-664-4300
FLORENCE, SC 29501

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 0
 State: 0

Earnings Statement



Period Ending: 01/08/2008
 Pay Date: 01/15/2008

S. MICHELLE ALLEN PHILLIPS
1868 E.SANDHURST DR.
FLORENCE,SC 29505

Earnings	rate	hours	this period	year to date
Regular	13.0000	82.52	1,072.76	
Holiday	13.0000	24.00	312.00	
Gross Pay			\$1,384.76	1,384.76

Other Benefits and Information	this period	total to date
Hire Date		03/25/2003

Deductions	Statutory		
	Federal Income Tax	-153.19	153.19
	Social Security Tax	-81.05	81.05
	Medicare Tax	-18.95	18.95
	SC State Income Tax	-74.15	74.15
	Other		
	Dental	-2.00*	2.00
	Depend Life	-4.00	
	Dirdep -Checking	-848.81	
	Medical	-63.13*	63.13
	Medical Fsa	-10.00*	
	Short Term Dis	-11.54	
	Supplemental Li	-2.46	
	Vision	-2.43*	2.43
	401 (K) Plan	-69.24*	
	401K Loan	-43.81	
Net Pay		\$0.00	

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$1,237.96

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PATHOLOGY SERVICE ASSOCIATES LLC
 REGULAR ACCOUNT
 PO BOX 100559 803-664-4300
 FLORENCE, SC 29501

Advice number: 00000020074
 Pay date: 01/15/2008

Deposited to the account of	account number	transit ABA	amount
S. MICHELLE ALLEN PHILLIPS	2805637389	2532 7194	\$848.81

THIS IS NOT A CHECK

NON-NEGOTIABLE

B6J (Official Form 6J) (12/07)

IN RE: **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase No. _____
(if known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$1,036.35
2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other: Cable	\$225.00 \$35.00 \$75.00
3. Home maintenance (repairs and upkeep)	\$100.00
4. Food	\$500.00
5. Clothing	\$70.00
6. Laundry and dry cleaning	\$20.00
7. Medical and dental expenses	\$25.00
8. Transportation (not including car payments)	\$350.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$150.00
10. Charitable contributions	
11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other:	\$130.00
12. Taxes (not deducted from wages or included in home mortgage payments) Specify: Automobile	\$40.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto: b. Other: c. Other: d. Other:	
14. Alimony, maintenance, and support paid to others: Child Support to Joseph Talbot	\$155.00
15. Payments for support of add'l dependents not living at your home:	
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	
17.a. Other: Cell Phone	\$60.00
17.b. Other: Personal Hygeine	\$50.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$3,021.35
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None.	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$4,046.23
b. Average monthly expenses from Line 18 above	\$3,021.35
c. Monthly net income (a. minus b.)	\$1,024.88

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ **39** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **01/29/2008**

Signature **/s/ James Bennett Phillips, Jr.**
James Bennett Phillips, Jr.

Date **01/29/2008**

Signature **/s/ Michelle Allen Phillips**
Michelle Allen Phillips

[If joint case, both spouses must sign.]

Document Page 54 of 75
UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

In re: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$3,467.86	2008 YTD Debtor Income
\$40,513.54	2007 Debtor Income
\$39,775.00	2006 Debtor Income
\$1,384.76	2008 Jt. Debtor Income
\$27,319.18	2007 Jt. Debtor Income
\$21,920.88	2006 Jt. Debtor Income
\$7,287.00 Gross	2006 SE Income from Mower Madness
\$-7,539.00 Net	
\$1,884.00 Gross	SE Income from R & D Heating and Air
unknown Net	

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☐ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
First Citizens PO Box 31068 Charlotte, NC 28231	3 Payments of \$548.50	\$1,645.50	\$28,979.00
Citifinancial Auto Inquiries PO Box 9575 Coppell, TX 75019-9575	3 payments of \$322.53	\$967.59	\$15,573.00
Suntrust Mortgage PO Box 26149 Richmond, VA 23260-6149	1-2008	\$1,036.35	\$124,650.00

Document Page 55 of 75
UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

In re: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 1

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

In re: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 2

9. Payments related to debt counseling or bankruptcy

None

☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Michael J. Cox Atty at Law, LLC PO Box 475 Columbia, SC 29202	01/2008	\$1,550.00, includes attorney's fee and filing fee
Care one Credit (debt management plan)	11-20-06 through 11- 27-07	\$7,544.00

10. Other transfers

None

☐

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Hub Ford	7-14-07	1999 Chevrolet Truck Received \$6,000.00 trade credit towards purchase of new car

None

☒

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None

☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None

☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None

☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

In re: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 3

14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
James Phillips Sr. 1013 Woodstone Dr. Florence, SC 29501	12 ft Jon Boat	Debtors residence
Charles F. Allen 7369 Friendfield Rd. Effingham, SC	Cub Cadet 50" zero turn lawnmower and trailer	Debtor's Residence

15. Prior address of debtor

None



If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
7344 Friendfield Rd. Effingham, SC 29541	Same	August 2002 through December 1,2007

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:



None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.



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UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

In re: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 4

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☐ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

**NAME, ADDRESS, AND LAST FOUR DIGITS OF
 SOCIAL-SECURITY OR OTHER INDIVIDUAL
 TAXPAYER-I.D. NO. (ITIN) / COMPLETE EIN**

NATURE OF BUSINESS

**BEGINNING AND ENDING
 DATES**

Mower Madness
7344 Friend Field Road
Effingham, SC 29541
XXX-XX-4213

Lawn Care

1-2005 through 8-2006

Indepaendant Contractor for R & D Sales
xxx-xx-4213

**General Labor for a Heating and
 AC Company**

6-25-07 through 9-5-07

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS
Debtor

DATES SERVICES RENDERED

None ☒ b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

In re: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 5

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME
Debtor

ADDRESS

- None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

- None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

- None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

- None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distributions by a corporation

- None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

24. Tax Consolidation Group

- None ☒ If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

25. Pension Funds

- None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

In re: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS*Continuation Sheet No. 6*

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 01/29/2008

Signature /s/ James Bennett Phillips, Jr.
of Debtor James Bennett Phillips, Jr.

Date 01/29/2008

Signature /s/ Michelle Allen Phillips
of Joint Debtor Michelle Allen Phillips
(if any)

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
18 U.S.C. §§ 152 and 3571

B22C (Official Form 22C) (Chapter 13) (01/08)In re: **James Bennett Phillips, Jr.****Michelle Allen Phillips**

Case Number:

According to the calculations required by this statement:

- ☐ The applicable commitment period is 3 years.
- ☒ The applicable commitment period is 5 years.
- ☒ Disposable income is determined under § 1325(b)(3).
- ☐ Disposable income is not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME					
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input checked="" type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.					
1	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			Column A Debtor's Income	Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.			\$3,772.49	\$2,490.02
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.				
	a.	Gross receipts	\$0.00	\$0.00	
	b.	Ordinary and necessary business expenses	\$0.00	\$0.00	
	c.	Business income	Subtract Line b from Line a		
			\$0.00	\$0.00	
4	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.				
	a.	Gross receipts	\$0.00	\$0.00	
	b.	Ordinary and necessary operating expenses	\$0.00	\$0.00	
	c.	Rent and other real property income	Subtract Line b from Line a		
			\$0.00	\$0.00	
5	Interest, dividends, and royalties.			\$0.00	\$0.00
6	Pension and retirement income.			\$0.00	\$0.00
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.			\$0.00	\$0.00
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				
	Unemployment compensation claimed to be a benefit under the Social Security Act		Debtor \$0.00	Spouse \$0.00	
			\$0.00	\$0.00	
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.				
	a.				
	b.				
			\$0.00	\$0.00	

B22C (Official Form 22C) (Chapter 13) (01/08)

10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$3,772.49	\$2,490.02									
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$6,262.51										
Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD												
12	Enter the amount from Line 11.	\$6,262.51										
13	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 13.</p>	a.			b.			c.			\$0.00	
a.												
b.												
c.												
14	Subtract Line 13 from Line 12 and enter the result.	\$6,262.51										
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$75,150.12										
16	<p>Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> <p>a. Enter debtor's state of residence: <u>South Carolina</u> b. Enter debtor's household size: <u>2</u></p>	\$45,233.00										
17	<p>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.</p> <p><input checked="" type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.</p>											
Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME												
18	Enter the amount from Line 11.	\$6,262.51										
19	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 19.</p>										\$0.00	

B22C (Official Form 22C) (Chapter 13) (01/08)

20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$6,262.51
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$75,150.12
22	Applicable median family income. Enter the amount from Line 16.	\$45,233.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. <input type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. DO NOT COMPLETE PARTS IV, V, OR VI.	

Part IV. CALCULATION OF DEDUCTIONS FROM INCOME**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				\$925.00																								
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.																												
	<table border="1"> <thead> <tr> <th colspan="3">Household members under 65 years of age</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per member</td> <td>\$54.00</td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td>1</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>\$54.00</td> </tr> </tbody> </table>		Household members under 65 years of age			a1.	Allowance per member	\$54.00	b1.	Number of members	1	c1.	Subtotal	\$54.00	<table border="1"> <thead> <tr> <th colspan="3">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a2.</td> <td>Allowance per member</td> <td>\$144.00</td> </tr> <tr> <td>b2.</td> <td>Number of members</td> <td>1</td> </tr> <tr> <td>c2.</td> <td>Subtotal</td> <td>\$144.00</td> </tr> </tbody> </table>		Household members 65 years of age or older			a2.	Allowance per member	\$144.00	b2.	Number of members	1	c2.	Subtotal	\$144.00	\$198.00
Household members under 65 years of age																													
a1.	Allowance per member	\$54.00																											
b1.	Number of members	1																											
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a2.	Allowance per member	\$144.00																											
b2.	Number of members	1																											
c2.	Subtotal	\$144.00																											
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				\$418.00																								
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.																												
	<table border="1"> <tbody> <tr> <td>a.</td> <td>IRS Housing and Utilities Standards; mortgage/rent expense</td> <td>\$669.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td>\$1,036.35</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </tbody> </table>		a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$669.00	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$1,036.35	c.	Net mortgage/rental expense	Subtract Line b from Line a.			\$0.00															
a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$669.00																											
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$1,036.35																											
c.	Net mortgage/rental expense	Subtract Line b from Line a.																											
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:																												

B22C (Official Form 22C) (Chapter 13) (01/08)

27A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		\$362.00
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		\$0.00
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. DO NOT ENTER AN AMOUNT LESS THAN ZERO.		\$158.50
	a.	IRS Transportation Standards, Ownership Costs	\$478.00
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$319.50
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS THAN ZERO.		\$0.00
	a.	IRS Transportation Standards, Ownership Costs	\$478.00
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$594.53
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.		\$1,469.19
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.		\$0.00
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.		\$8.54
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 49.		\$154.35

B22C (Official Form 22C) (Chapter 13) (01/08)

34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$0.00
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare--such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.	\$0.00
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.	\$0.00
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service--such as pagers, call waiting, caller id, special long distance, or internet service--to the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.	\$111.00
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$3,804.58

Subpart B: Additional Living Expense Deductions**Note: Do not include any expenses that you have listed in Lines 24-37**

39	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.		\$313.39	
	a.	Health Insurance		\$259.53
	b.	Disability Insurance		\$0.00
	c.	Health Savings Account		\$53.86
Total and enter on Line 39				
IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below: _____				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED IN LINE 34.		\$0.00	
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$0.00	
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.			
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.		\$0.00	

B22C (Official Form 22C) (Chapter 13) (01/08)

44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.																										
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME.	\$0.00																									
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$313.39																									
Subpart C: Deductions for Debt Payment																											
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.	\$1,950.38																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td>Citifinancial Auto Inquiries</td> <td>2006 Hyundai</td> <td style="text-align: right;">\$319.50</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>First Citizens</td> <td>2006 Nissan Titan Vin 1N6A/</td> <td style="text-align: right;">\$594.53</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Suntrust Mortgage</td> <td>Debtor's Residence</td> <td style="text-align: right;">\$1,036.35</td> <td><input checked="" type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines a, b and c</td> <td></td> </tr> </tbody> </table>				Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.	Citifinancial Auto Inquiries	2006 Hyundai	\$319.50	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	b.	First Citizens	2006 Nissan Titan Vin 1N6A/	\$594.53	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	c.	Suntrust Mortgage	Debtor's Residence	\$1,036.35	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines a, b and c	
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			Total: Add Lines a, b and c																								
48	Other payments on secured claims. If any of the debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$0.00																									
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a.																											
b.																											
c.																											
			Total: Add Lines a, b and c																								
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 33.	\$28.73																									
50	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.	\$60.48																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 35%; text-align: right;">\$1,025.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: right;">5.9%</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </tbody> </table>			a.	Projected average monthly chapter 13 plan payment.	\$1,025.00	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	5.9%	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b																
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51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.	\$2,039.59																									
Subpart D: Total Deductions from Income																											
52	Total of all deductions from income. Enter the total of Lines 38, 46 and 51.	\$6,157.56																									

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	Total current monthly income. Enter the amount from Line 20.	\$6,262.51															
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.																
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).	\$516.57															
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	\$6,157.56															
57	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH EXPENSES NECESSARY AND REASONABLE. <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Nature of special circumstances</th> <th>Amount of expense</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Total: Add Lines a, b, and c</td> </tr> </tbody> </table>		Nature of special circumstances	Amount of expense	a.			b.			c.					Total: Add Lines a, b, and c	\$0.00
	Nature of special circumstances	Amount of expense															
a.																	
b.																	
c.																	
		Total: Add Lines a, b, and c															
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.	\$6,674.13															
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	(\$411.62)															

Part VI: ADDITIONAL EXPENSE CLAIMS

60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Expense Description</th> <th>Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Total: Add Lines a, b, and c</td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.			b.			c.					Total: Add Lines a, b, and c	\$0.00
	Expense Description	Monthly Amount															
a.																	
b.																	
c.																	
		Total: Add Lines a, b, and c															

Part VII: VERIFICATION

61	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i>	
	Date: <u>01/29/2008</u>	Signature: <u>/s/ James Bennett Phillips, Jr.</u> (Debtor)
	Date: <u>01/29/2008</u>	Signature: <u>/s/ Michelle Allen Phillips</u> (Joint Debtor, if any)

Document Page 68 of 75
Current Monthly Income Calculation Details

In re: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case Number:
Chapter: **13**

2. Gross wages, salary, tips, bonuses, overtime commissions.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
<u>Debtor</u>	<u>Lance</u>						
	\$3,446.41	\$5,159.52	\$3,644.40	\$3,461.54	\$3,461.54	\$3,461.54	\$3,772.49
<u>Spouse</u>	<u>PSA</u>						
	\$3,298.11	\$2,095.08	\$2,262.07	\$2,371.46	\$2,635.62	\$2,277.80	\$2,490.02

Document Page 69 of 75
Underlying AllowancesIn re: **James Bennett Phillips, Jr.**
Michelle Allen PhillipsCase Number:
Chapter: **13**

Median Income Information	
State of Residence	South Carolina
Household Size	2
Median Income per Census Bureau Data	\$45,233.00

National Standards: Food, Clothing, Household Supplies, Personal Care, and Miscellaneous	
Region	US
Family Size	2
Gross Monthly Income	\$6,262.51
Income Level	Not Applicable
Food	\$511.00
Housekeeping Supplies	\$59.00
Apparel and Services	\$150.00
Personal Care Products and Services	\$53.00
Miscellaneous	\$152.00
Additional Allowance for Family Size Greater Than 4	\$0.00
Total	\$925.00

National Standards: Health Care (only applies to cases filed on or after 1/1/08)	
Household members under 65 years of age	
Allowance per member	\$54.00
Number of members	1
Subtotal	\$54.00
Household members 65 years of age or older	
Allowance per member	\$144.00
Number of members	1
Subtotal	\$144.00
Total	\$198.00

Local Standards: Housing and Utilities	
State Name	South Carolina
County or City Name	Florence County
Family Size	Family of 2
Non-Mortgage Expenses	\$418.00
Mortgage/Rent Expense Allowance	\$669.00
Minus Average Monthly Payment for Debts Secured by Home	\$1,036.35
Equals Net Mortgage/Rental Expense	\$0.00
Housing and Utilities Adjustment	\$0.00

Document Page 70 of 75
Underlying Allowances

In re: **James Bennett Phillips, Jr.**
Michelle Allen Phillips

Case Number:
Chapter: **13**

Local Standards: Transportation; Vehicle Operation/Public Transportation		
Transportation Region	South Region	
Number of Vehicles Operated	2 or more	
Allowance	\$362.00	
Local Standards: Transportation; Additional Public Transportation Expense		
Transportation Region	South Region	
Allowance (if entitled)	\$163.00	
Amount Claimed	\$0.00	
Local Standards: Transportation; Ownership/Lease Expense		
Transportation Region	South Region	
Number of Vehicles with Ownership/Lease Expense	2 or more	
	First Car	Second Car
Allowance	\$478.00	\$478.00
Minus Average Monthly Payment for Debts Secured by Vehicle	\$319.50	\$594.53
Equals Net Ownership / Lease Expense	\$158.50	\$0.00

ASSOCIATED RECOVERY SYSTEMS
PO BOX 469046
ESCONDIDO, CA 92046

BB&T
PO BOX 1626
WILSON NC 27894-1626

CAPITAL ONE CORRESPONDENCE
PO BOX 30285
SALT LAKE CITY, UT 84130-0285

CIRCUIT CITY
PO BOX 15291
WILMINGTON, DE 19886-5291

CITIFINANCIAL AUTO INQUIRIES
PO BOX 9575
COPPELL, TX 75019-9575

CITIFINANCIAL BANKRUPTCY DEPT PER
PO BOX 140489
IRVING, TX 75014-0489

EQUIFAX INFORMATION SERVICE CENTER
ATTN: DISPUTE RESOLUTION DEPARTMENT
PO BOX 105873
ATLANTA, GA 30328

EXPERIAN INFORMATION SOLUTIONS
ATTN: SUPERVISOR, LEGAL DEPARTMENT
PO BOX 1240
ALLEN, TX 75013

FIRST CITIZENS
PO BOX 31068
CHARLOTTE, NC 28231

FLORENCE COUNTY FAMILY COURT
180 N IRBY ST
FLORENCE, SC 29501

FLORENCE COUNTY TAX COLLECTOR
180 N IRBY ST
MSC - TT
FLORENCE, SC 29501

FLORENCE RADIOLOGICAL ASSOCIATES
PO BOX 100523
FLORENCE SC 29501-0523

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY UNIT
PO BOX 21126
PHILADELPHIA, PA 19114

JOSEPH TALBOT
2314 CHADWICK DR.
FLORENCE, SC 29501

JOSEPH TALBOT
2341 CHADWICK
FLORENCE, SC 29501

JOSEPH TALBOT
2314 CHADWICK
FLORENCE, SC 29501

JOSEPH TALBOTT
2314 CHADWICK
FLORENCE, SC 29501

LOWE'S CONSUMER CREDIT CARD
PO BOX 981064
EL PASO, TX 79998-1064

LOWES BANKRUPTCY
PO BOX 103104
ROSWELL, GA 30076

MCLEOD OB GYN ASSOCIATES
901 E. CHEVES ST., STE 300
FLORENCE, SC 29506

MCLEOD REGIONAL MEDICAL CENTER
PO BOX 100567
FLORENCE, SC 29501-0567

MICHAEL J. COX ATTY AT LAW, LLC
PO BOX 475
COLUMBIA, SC 29202

MICHAEL R. MILLER, DMD
1519 HERITAGE LANE
FLORENCE, SC 29505

NORTHLAND GROUP, INC.
PO BOX 390846
EDINA, MN 55439

OPTION ONE MORTGAGE
PO BOX 57054
IRVINE, CA 92619

PEE DEE MEDICAL COLLECTION SERVICES
PO BOX 1597
FLORENCE, SC 29501

RETAIL SERVICES
PO BOX 15521
WILMINGTON, DE 19850-5521

SANTEE ELECTRIC COOPERATIVE
PO BOX 548
KINGSTREE, SC 29556-0548

SC COLLECTION AGENCY LLC
POB 5929
FLORECNE SC 29502

SC DEPARTMENT OF SOCIAL SERVICES
PO BOX 1520
COLUMBIA, SC 29202

SC DEPT. OF REVENUE
PO BOX 12265
COLUMBIA, SC 29211

SC EMPLOYMENT SECURITY COMMISSION
PO BOX 995
COLUMBIA, SC 29202

SUNTRUST MORTGAGE
PO BOX 26149
RICHMOND, VA 23260-6149

TRANSUNION
ATTN: DISPUTE RESOLUTION DEPARTMENT
PO BOX 2000
CHESTER, PA 19022

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA**

RE:)
)
James Bennett Phillips, Jr.,)
)
Michelle Allen Phillips) Chapter: 13
)
Debtor (s))

Certification of Verifying Creditor Matrix

The above named debtor(s), or attorney for the debtor(s) if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, typed hard copy in a scannable format or by ECF Text File Upload has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

Master mailing list of creditors submitted via:

- (a)___ Computer Diskette
(b)___ Scannable Hard Copy
(c) X ECF Text File Upload

January 29, 2007
Date

/s/ James Bennett Phillips, Jr.
James Bennett Phillips, Jr.

/s/ Michelle Allen Phillips
Michelle Allen Phillips

/s/ Michael J. Cox
Michael J. Cox, Esquire
District Court ID No. 0339
PO Box 475
Columbia, SC 29202
803-254-6041